ARIZONA DEPARTMENT OF TRANSPORTATION					ADOT Project Number:
	AE	RONAUTICS DIVIS	SION		E
		CATION FOR REIMBUR			
NAME OF SPONSOR:	,	ADDRESS:			APPLICATION
	,				#
NAME OF AIRPORT:		Phone Number:			# Date:
NAME OF AIRFORT.	,	State Grant Amount	•		Date.
REQUEST TYPE (Check One)		Project Description:	Ψ		% COMPLETE:
() Partial	() Final	Flojeot Dooonpas			/0 COMI LE . L .
Classification	Current Outlay	Total Outlay	1	SHARE BREAKDOWN	1
A) Total			Federal Share	Sponsor Share	State Share
Construction	<u> </u>	1	<u> </u>		
B) Retention	†			1	
per ARS 34-221	<u> </u>	1			
C) Net	<u></u>				
Construction	'				
D) Construction	,		1		
Admin/Survey	<u> </u>				
E) Construction	,		'		
Inspection/Test	<u> </u>	<u> </u>		1	
F) Design	'		'		
Engineering					
G) Sponsor	<u>'</u>		Ţ '		
Administration		<u> </u>	<u> </u>	<u> </u>	
H) Land	'		1	1	
Acquisition	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
I) Planning	<u> </u>	1	'	1	
Agreements	<u> </u>	 		 	
J) Other	<u> </u>	1	1	1	
(Specify)	<u> </u>	 	<u> </u> '	 	
K) Aggregate Total (C thru J)	'		1		
L) Less Previous	Ī	<u> </u>	 	1	1
Payments			1	1	
M)			 		+
TOTAL			1		
CERTIFICATION OF SPONSO	OR:	<u></u>			
I certify that the above Application for Reimbursement is correct and is for reimbursement which has not been received. I further certify that all costs for this project have been					
incurred for work already accomplished in accordance with the Agreement and applicable plans and specifications. In accordance with the provisions of the Agreement for this project, I hereby apply for reimbursement in the amount of \$ Documentation to substantiate these claims is attached.					
project, I hereby apply for reimbu	ursement in the amount oτ φ	Dut	cumentation to substantiate (1)	iese claims is attached.	
Signature		Title	Date	Sponsor Name)
DO NOT WRITE BELOW THIS LINE ADOT AERONAUTICS USE ONLY					
CERTIFICATION OF AERONAUTICS DIVISION: To the extent that this application represents costs which have been incurred for airport development already accomplished, I hereby certify that the value of the work					
performed, as claimed above, is supported in detail and approved by the Sponsor. Claimed above, is supported in detail and approved by the SPONSOR. Claimed project costs appear to be reasonable and I recommend payment of the STATE share of costs certified by the SPONSOR in the Application for Reimbursement.					
01		T'0_		Dota	
Signature		Title		Date	
Received /	Log #	AP_PA		Accounting	